



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3424

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/633,309 | FILING DATE<br>08/04/2003<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>246472005300 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

Arnold Keller, Kayhude, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\* NONE AR

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE AR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/21/2004

|   |   |                                |                        |                      |                            |
|---|---|--------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>2 | INDEPENDENT<br>CLAIMS<br>1 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>Arnold Keller</i> AR<br>Initials  |                                |                        |                      |                            |

## ADDRESS

Barry E. Bretschneider  
 Morrison & Foerster LLP  
 Suite 300  
 1650 Tysons Boulevard  
 McLean, VA  
 22102

## TITLE

Cervical prosthesis with insertion instrument

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|------------------------------------|---|--|

|  |                                 |
|--|---------------------------------|
|  | <input type="checkbox"/> Credit |
|--|---------------------------------|